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## SOME OBSERVATIONS ON CHLOROFORM AS AN ANAESTHETIC.

J. S. LOCKHART, M. D., CAMBRIDGE, MASS.

So much has been said and written upon this subject that it may seem presumption on my part to bring it before this society, but there are several points that I know could be profitably discussed, and I hope that each member present will shed the light of his experience upon them. It seems to me that chloroform as an anaesthetic is gaining favor with us; at least I know a number of surgeons and obstetricians who use it in preference to ether in many cases where they would not think of doing so a few years ago.

It commends itself to the surgeon on account of the ease with which it induces anaesthesia; its pleasantness to the patient, absence of struggling and its convenience and elegance and avoidance of unpleasant after effects as compared to ether; and to the obstetrician for its analgesic effects which may be utilized

without producing anaesthesia or neausea or vomiting.

Though ether is generally regarded as the safer, yet taking the whole medical world, I think chloroform is more used as an anaesthetic. In all the countries of Europe, as you know, and also in Canada, for the most part chloroform is the favorite anaesthetic, while in the United States and especially in New England ether seems to be regarded as the only safe one. Is the general disuse of chloroform with us due to a just appreciation of its dangers, and the only sure way of avoiding them by not using it; or is it the result of a lack of familiarity with it and a certain trepidation which one feels when using it when ether is regarded as the only safe anaesthetic. There is no doubt, that generally speaking, ether is the safer of the two, though no less an author-

ity than Professor Miculiez, of Boston, makes that claim for chloroform, but are there no conditions in which chloroform may be administered with as little fear of untoward results and with much greater comfort if not greater safety to the patient, not to speak of the surgeon? In short, what are the indications for chloroform anaesthesia? How and when can it be administered with equal if not greater safety than ether? This involves the consideration of its physiological action and its lethal effects as well as the methods used to guard against the latter.

Bedford Brown, of Virginia, in an article on "The action of chloroform as observed in a series of cases of extensive cranial injuries," gives the following resume: The action of chloroform on the human system must be regarded as a complex action and not as many regard it a simple one. Cerebral anemia, the abolition of consciousness and the function of sensation, go hand in hand. They begin progress and terminate simultaneously. When anaesthesia is pushed still further anemia of the medulla and spinal cord commences, and as it progresses the vital functions of respiration, reflex action, circulation and heat generation succumb until, when the anemic condition of the brain reaches a point where there is not sufficient arterial blood furnished the brain and medulla to sustain vital action, then the respiratory centre begins first to indicate signs of failure, then follow paresis of the vaso-motor or circulating centre, and finally of all reflex action.

Sudden arrest of the heart's action or of respiration in the initial stage of chloroform narcosis has been experimentally proven by European observers to be due to reflex action from the filaments of the trigeminus in the Echnneiderian membrane to the vagus.

Dr. Frank, of Berlin, says that chloroform first stimulates the action of the nerve centres from cerebrum to medulla oblongata and spinal cord, then inhibits their action generally in the same succe-

sion, but it does not always follow this regular sequence, centres low down being often the first to indicate signs of failure. We must also bear in mind that ominous reflex action which may suddenly interrupt respiration or circulation or both at once; also the mechanical obstruction to respiration from closure of the air passage by spasm of the glottis, the falling back of the tongue, or its spasmodic pressure against the posterior pharyngeal wall.

This summary of the action of chloroform in narcosis, which is the result of numerous experiments and observation on animals and man, should be a criterion by which to judge of its indications as anesthetic; its modes of administration as well as the means used when indications of danger appear.

Ether, on the contrary, produces congestion of the cerebral vessels and general engorgement of the venous circulation. Pulmonary edema has been known to result from prolonged etherization. G. C. Woods gives as the result of his researches on the action of ether on the kidneys, that prolonged ether narcosis is capable of causing marked congestion of the kidneys with cloudy swelling of the convoluted tubes, and that repeated prolonged etherization may produce desquamative nephritis.

If chloroform may be given at all in preference to ether, which I will leave to the society to decide, it would appear that its physiological action as well as clinical experience establish the following as its principal indications; when operation is required in cerebral congestion; in convulsions, where it is necessary to give anesthetic, on account of its action on vessels of the brain as mentioned above; in pulmonary congestion, bronchitis, pneumonia and in all people who are especially liable to venous engorgement, which might result in obstructing respiration in ether narcosis. In renal affections, though chloroform as well as ether possesses the power of irritating the kidneys, yet chloroform acts in so much smaller quantities as an anesthetic that it should

be preferred in these cases when operative procedures are necessary. In aged people, especially when marked atheroma of the arteries is present, as ether might cause cerebral hemorrhage. In infants and very young children a minute quantity of chloroform produces anesthesia, and ether is very irritating to those delicate mucous membranes, but especially in obstetrics is chloroform the anesthetic par-excellence. I will not enlarge upon this point, but I think any one who has used both in this connection will testify to this fact. Our professor of materia medica at the University of New York, Wm. H. Thompson, used to teach that chloroform is perfectly safe on the battlefield and in the lying-in chamber, and we regarded him as good as any authority on this subject. In operations on the nose, mouth and throat chloroform recommends itself by the facility of its administration by vaporizing it through a canula and the avoidance of the venous engorgement of ether.

Clinical experience, as well as its physiological action, demonstrate that chloroform should be given in the smallest possible amount that will produce anesthesia and in the most diluted form, with air to prevent any reflex action on the vagus. The anesthetizer should devote his entire attention to the patient, and on the slightest evidence of its inhibitory action on the nerve centres as evidenced by increased palor, or by the respiration or circulation, the anesthetic should be withdrawn and if necessary, means to excite the respiration and circulation be employed. The dangers to guard against may be summed up as follows: Obstructive respiratory failure, non-obstructive respiratory failure, cardiac failure and that imperfectly understood reflex action, which, in spite of the best precautions, may suddenly arrest the respiration or circulation, or both at once. It is recommended by an American surgeon to spray the nares with cocaine, to prevent the chloroform from exciting this reflex action.

In Billoths clinic in Vienna they administer chloroform with a mask and a drop-bottle, giving it in small quantities dropwise. The anesthetizer is supplied with a gag and tongue forceps. If dangerous symptoms appear the mouth is immediately opened, the tongue drawn forward to give free access to the air, artificial respiration is performed and also rythmical compression of the heart to stimulate the circulation; also hypodermic stimulation if necessary. I attended that clinic all winter and never saw anything approaching a dangerous effect. After a minor operation a few slaps with a wet towel and the patient would get up and walk out.

In Paris, at the St. Louis Hospital, in Professor Champoniere's clinic they have a rubber bag filled with oxygen always on hand when using chloroform, and it seemed to act well in emergencies.

In England chloroform is superseded to great extent by the A. C. E. mixture, which is claimed obviates the dangers of chloroform and the unpleasantness of ether.

In Fenwick's clinic, at the St. Peterstone Hospital, in London, when they use ether they first anesthetize the patient with nitrous oxide gas and continue the anesthesia with ether. This is much quicker, avoiding all coughing and struggling.

In operations on the nose and throat such as remove adenoids from the pharynx, in Martin's clinic, in Paris, they use bromide of ethyl as the patient retains muscular control. Martin told me that he had given it 3000 times without an accident.


It would appear that with the number of general anesthetics, each having special advantages in its way, and also of local anesthetics with cocaine at the head of the list, we should be able to make an intelligent selection of the one most appropriate to our case, and not be confined to any one alone. When all these anesthetics, through purification or better means of administration shall have lost that element of

danger which clings even to ether, the beautiful dream of the banishment of pain and disease, beginning with the discovery of ether and drifting on through the maze of chloro-

form and later anesthetics, enhanced by the wonder of the germ theory and the later victories of bacteriology, will receive another confirmation of its realization.







## Society Reports.

### TRI-STATE MEDICAL SOCIETY OF ALABAMA, GEORGIA AND TENNESSEE.—EIGHTH ANNUAL MEETING, HELD IN CHATTANOOGA, TENN.

#### ABSTRACT OF PAPERS AND DISCUSSIONS.

(Continued from last number).

Professor S. H. Dodson, of the Chattanooga Normal University read a paper:

**PHYSIOLOGY OF THE SENSES,** in substance as follows: "The old school of mental philosophers studied deductively—speculated on the nature of the mind. The new school inductively. We of to-day study the mind in its physiological bearing. Sensation is the first form of mental life, because the mind must have sense-images of the external world before the ego-self is distinguishable from the non-ego or non-self; the thinker from the thing thought. Hence importance of study of senses. Sensations differ in quality, have their local signs, and can be definitely located on the surface of the skin. The sensation of feeling two objects by crossing second finger over first and placing a round object between them is a trick not a psychological phenomenon. Sensations are referred to circles of sensibility and not to mere points. Sensations are transmitted to brain in two ways—by the periphery of the spinal cord and through the gray matter of the

cord. This last is the after image of touch. Temperature after image of cold due to persistence of sensation and the lessened sensibility of the nerves of heat. They vanish and return about six seconds apart for twenty-five seconds. There are areas on the skin susceptible to hot and cold stimuli called hot and cold spots. There are also pressure spots. Sensation of effort is peripheral sensation of movement located in the head. Sensation of taste and smell often confused. The orpedagogical bearing great. He related a number of experiments.

J. P. Stewart said that the most interesting thing was the modification of the sense of taste by excluding the sense of smell in the experiments related. He gave a case where the patient had lost the sense of smell. It is from these experiments that most of our knowledge comes.

G. W. Drake called attention to the proximity of the centres of taste and smell in the brain. They probably overlap. Can't be separated.

Professor Dodson called attention to the importance of the imagina-

tion and related a case where a man was shot with blank cartridges and died at the suggestion of the surgeon.

W. D. Haggard, Jr., of Nashville, Tenn., read a paper on

**"VAGINAL HYSTERECTOMY FOR BILATERAL SUPPURATIVE PROCESSES OF THE UTERINE ADNEXA."**

He said that the reason for removing the uterus where the adnexa are diseased is founded on the following facts:

A large number of cases where the tubes and ovaries were removed were not perfectly cured, the persistent symptom was pain; hysterectomy cured these cases. There were painful malpositions, a more stormy and protracted menopause; there was danger of adhesions to hollow viscera and subsequent obstruction. It takes no longer to do a total hysterectomy than curetting or ventro-fixation after double ovariectomy; the mortality is lower; the uterus is a part of the disease in pyogenic infection, hence hysterectomy was not the removal of a healthy intact organ. The mortality in five hospitals was 18.5 per cent. in removal of tubes and ovaries alone for pus. Vaginal hysterectomy in 724 cases, 4.6 per cent; Jacob's 403 cases, 2.9 per cent. The supreme triumph of the vaginal operation was that it afforded the means of a thorough exploration essential to conservative procedure. The vaginal method preferable; first, because the preliminary step vaginal section allows thorough exploration with minimum of risk; second, the vagina is the natural approach and logical avenue for drainage of the pelvis; third, it is immune from the unpleasant sequelae of laparotomy, possibility of hernia, stitch abscess, infected ligature and sinus and the abdominal supporter; fourth, less immediate shock; convalescence is smoother and shorter; fifth, no exposure or handling of intestines; sixth, less danger of peritoneal contamination; seventh, mortality is lower; eighth, invades only the dis-

eased area and leaves undisturbed the protecting mass of adhesions. Quoting Segund: "I have arrived at the conclusion that whatever can be enucleated through the abdominal wall can also be removed through the vagina, and whatever it is impossible to enucleate through the vagina cannot be removed by the abdominal method except at the price of procedures incomparably more grave and more laborious." Vaginal hysterectomy stigmatized "blind surgery" has for its motto: "Do what you see and see what you do." The steps as follows may be varied. First, preliminary curettage; second, completion of incision around cervix, prolonged transversely in the lateral fornices; fourth, freeing cervix anteriorly from the bladder and ureters; fifth, application of clamps to base of broad ligaments containing uterine arteries; sixth, amputation of cervix; seventh, median section of the uterus; eighth, enucleation of each appendage separately; ninth, application of clamps to upper portion of broad ligaments containing ovarian arteries; tenth, excision of each lateral half of uterus with diseased mass.

W. E. B. Davis, Birmingham, Ala., read a paper on

**"THE TREATMENT OF PUS IN THE PELVIS."**

He said that the French surgeons reported inability to remove the appendages in some cases of vaginal hysterectomy for pus in the pelvis, but that the patients recovered, which demonstrated that drainage would cure many cases of pus in the tubes and ovaries. Vaginal hysterectomy for pus incision, for pus in the pelvis not confined to the tubes, had been practiced for a long time with good results. A considerable number of such cases required no further surgery. He claimed that large pus tubes and ovarian abscesses could be drained through the vagina with permanent recovery in a good proportion of cases where vaginal hysterectomy is recommended so highly by the French surgeons. If not relieved the patient's condi-

tion would be made better, and later on the appendages could be removed by an abdominal operation. It is very exceptional that the uterus will have to be extirpated.

J. A. Goggans opened the discussion on these papers by saying that he followed the practice of Dr. Davis. Thought we should be very conservative and seriously consider consequences of complete ablation of genital organs in young women. Every appropriate treatment was justifiable when the great variety of pathological conditions is considered. He recognized three methods of treating pus in the pelvis: First, simple incision with drainage through vagina or abdomen; second, opening abscess by laparotomy; third, opening abscess per vaginam. Each applicable to suitable cases. He related a case of laparotomy drained finally through vagina, recovery; also one of large pelvic abscess which ruptured during examination. An immediate laparotomy saved the patient.

D. Haggard said that conservative methods should be exhausted. In a recent case he had opened pus tubes and did not remove uterus. In chronic cases uterus becomes diseased and causes untold misery. Here was the only difference between him and Drs. Davis and Goggans. The cases which rupture per rectum or vaginam and undergo spontaneous cure are not cases of gonorrhea, they occur in country districts.

Dr. Davis said that Dr. Haggard's position was sustained by many eminent men. When these organs are removed there is a condition of the nervous system which causes a little suffering to be exaggerated to an excruciating pain. Gonorrhea is not the dangerous disease some would have us believe. He thought a large proportion of these cases could be cured without removing the uterus, which is an important organ after removal of ovaries and tubes. A woman is thus more natural and the vagina does not shrivel up.

W. T. Westmoreland, Atlanta, Ga., read a paper,

#### "SOME REMARKS ON SYPHILIS,"

taking the ground that it was often communicated by means other than sexual intercourse. Sixty cases infected from a catheter, a dozen children from a vaccine point, danger from doctors, from servants; hereditary syphilis is quite common.

G. A. Baxter took the ground that it would be proper to prevent the marriage of a syphilitic, even if it might seem to violate professional secrecy through a threat of exposure to patient. In two cases he had postponed marriages with good results. In radical cases of persistence before cure the doctor can step over the bounds of secrecy and prevent untold misery.

R. P. Johnson had made it a rule to allow but few to kiss the babe. This custom is an outrage on the infant who is powerless to defend itself and should be prevented by parents.

Y. L. Abernathy had never seen a case contracted in the manner described in thirty years' practice, but did not doubt their existence. From neglect there are more deaths from gonorrhea than from syphilis; the latter is more amenable to treatment.

G. W. Drake said that those who forbid promiscuous kissing of children had as a precedent the example of the President, Grover Cleveland.

C. R. Achison said that the virus was bland and had to come in contact with an abraded surface. This tends to protect the innocent. He did not see that we could do anything about it.

Dr. Westmoreland thought that we could do much about it. At his clinic many servants were treated. Where there were lesions on the hands they were directed to quit work, and generally did so. He saw many cases not due to venery. In New York nine cases were reported of doctors who had the primary lesion on the fingers. Would prevent the marriage of a syphilitic to an innocent girl; if necessary, would inform the family of the girl

after telling the patient of his intention.

President J. B. Murfree, Murfreesboro, Tenn., delivered his annual address,

#### "THE DOCTOR OF MEDICINE."

He congratulated the society on its prosperity and urged greater efforts for its advancement. Advocated higher and more unselfish motives in the practice of medicine. Deprecated the entrance into the profession of young men simply to make money. Medicine is a poor trade for an honest man, and if money is the only object there are others that pay better. The doctor's first duty is to his patient, to give his best services. He should be ethical, not allowing the love of gain or distinction to swerve him from the right. The reputation of a brother-physician should be defended. He dwelt upon our duty to the public in regard to preventative medicine and how to avoid quacks.

J. A. Goggans, Alexander City, Ala., read a paper entitled:

#### "A FEW UNIQUE CASES IN ABDOMINAL SURGERY."

He thought that surgeons should report their cases, especially their unsuccessful ones for the benefit of science. He presented a specimen that contained serous and myomatous multiple follicular cysts of the ovaries from a woman 55 years old. Related a case of tubercular peritonitis (abdominal section). Patient had been an invalid seven months, temperature, 101; pulse, 110; more than half a gallon ascitic fluid was evacuated, adnominal cavity irrigated with normal salt solution. Patient made a good recovery from incision and was able to work most of the time. The third case was that of a child. He presented a stomach and intestines with their mesentery. Diagnosis was impossible without exploratory incision. The fourth case was that of right hemiplegia following an exploratory incision in a female 60 years old. The patient was recovering from the paralysis. The fifth was the only case that has ever recovered in America, and per-

haps the only case that has been undertaken for exactly that condition in this country. The patient had been out of health for two years, but her abdominal pains and enlargement had existed only eight or ten months. She had been treated for abdominal dropsy. On opening the abdomen the tumor proved to be one of the mesentery. He stitched and drained, and the patient recovered. The other successful cases were one by Bantock, of London, and one by Pean, in Paris.

W. E. B. Davis had seen the case of mesenteric cyst in consultation and regarded it as one of much interest.

Katharine R. Collins, Atlanta, Ga., read a paper entitled:

#### "MICROSCOPICAL AND CHEMICAL AIDS TO DIAGNOSIS,"

dwelling on the importance of examinations of the urine. The whole amount passed in twenty-four hours be saved for five days in succession. The morning urine gives that of a fasting patient. She related cases illustrating her position and called attention to the use of the microscope in diagnosing many diseases, especially tuberculosis, diphtheria and malaria, and also the changing views in regard to typhoid fever. The Eberth germ, according to Vaughan, not being the cause, but an involution form of one of several germs that may separately or collectively be the cause of the disease.

C. R. Achison said that chemical diagnosis was certain and settled many points beyond dispute. There were many who claimed that the microscope could be relied on implicitly. This was not so. It had demonstrated bacteria in disease, but not their causal relation.

Geo. S. Brown wished to commend the style, matter and timeliness of the paper, and was surprised to hear any one at this late day offer disparagement to the utility of the microscope. So far from this not being settled it may be asserted that to the microscope alone is due the credit for almost all that is accurate in our art, all that dignifies medicine as a science. The "bug"



theory rules everything, and even those few belated ones who sneer at it cannot ignore its sweeping acceptance, and in spite of themselves daily do it reverence in their surgical and obstetrical practice. There are clinical uses of the microscope to which nothing else can compare in the way of diagnosis. Time is too short to notice more than the A, B, C of it. Examination of the blood in malaria, inflammations, tuberculosis, measles, scarlet fever and all the anemias which heretofore were all a jumble of guess work. Examination of the sputum is absolutely the only way in which a diagnosis of tuberculosis of the lungs can be made. The best schools today teach the microscope the entire four years, and they are turning out an increasing army of men who will in a short time compel as universal adoption of the microscope as the thermometer now enjoys.

In closing the discussion Dr. Collins said that she had worked twenty-one weeks, eight hours a day in a case of tuberculosis before finding the germ. There could be no doubt of the value of the microscope in many cases.

R. H. Hays read:

**"A STATISTICAL REPORT OF THE MORE RECENT REMEDIES USED IN THE TREATMENT OF TUBERCULOSIS AND SUMMARY OF RECENT PREVENTATIVE METHODS OF VALUE"**

in which he gave an array of clinical and bacteriological statistics from such men as Koch, Maragliano, Campana, Klebs, Hunter and others in Europe; Von Ruck, Taylor, Dennison, Vaughan and others in America; also a report from a committee from the New Orleans Parish Medical Society in favor of the newer or biological or directly germicidal remedies originated by Koch as tuberculin, tuberculocidin, antiphthisin; also the nuclein preparations of Vaughan and such medicines as pilocarpine and aseptolin. These statistics, he claimed, were good evidence in favor of the remedies, as

they were clinical and were from men who prepared to apply them properly, carefully and who had taken the proper time. The use of these newer agents had reduced the mortality rate perceptibly. He also gave an outline of the work of the New York Board of Health to restrict tuberculosis. This consisted in public and private instruction as to danger from milk and meat (bovine tuberculosis) and from dried sputum (human tuberculosis), it having been conceded that from these sources the large majority of cases were contracted. By thorough system of instruction the Board had gotten better results in preventing spread of disease and had succeeded in reducing largely the mortality rate from tuberculosis and had demonstrated beyond doubt that it was contagious, infectious and preventable.

Y. L. Abernathy thought there was nothing in serotherapy. The remedies were made to sell. Koch's tuberculin was a failure, but millions were made out of it before this was discovered. Pasteur's hydrophobia and tetanus cures, Hammond's serums, Brown-Sequard's elixir of life, all on a par. They get up wonderful statistics. Lies are divided into three classes: Lies, d—n and statistics. Something may develop along these lines as good as vaccination, but it is still in the future. At present they are fads and very expensive and silly fads. Think of antitoxine at \$5 per dose.

Geo. S. Brown said that we had the two extremes in the reader and the last speaker. Koch had done more than any other man to reduce the mortality from consumption, not from serotherapy, but because the disease was better known. The principle has not been discovered that will cure consumption. Some who make great claims do not have the confidence of the bacteriologists. When the true principle is discovered it will not require any great amount of advertising. The man may have his laboratory in the Sahara Desert, but will do a good business. In diphtheria it has been discovered that antitoxine is a success. The

serum treatment offers much in the future.

Dr. Hayes said that he did not think that some of the men referred to had made anything out of the remedies. There is something in this treatment, but it is not fully developed.

Louise Eleanor Smith, Chattanooga, Tenn., read a paper on

**"THE TURKISH BATH; ITS THERAPEUTIC INDICATIONS,"**

giving as indications: Torpid skin, rheumatism, mental depression, sleeplessness, malaria, typhoid, gout, kidney trouble, congestions of liver, spleen and bowels, billiousness, catarrh, gall stones, colds, etc.

Katharine R. Collins doubted its use where there was weak circulation. It was indicated in engorgements. There was little literature on the subject.

Geo. S. Brown said such a paper was always useful. That it was a great pity that all the misdirected zeal, such for instance as that employed in Antivivisection circles, could not be directed in this channel, say under the name of an International Society for the Promotion of the Bath Tub Habit.

R. R. Kime said that the difficulty was in preparing the apparatus, especially with patients confined to the house, but the freer use of water, hot and cold, would be beneficial. As we learn more of nature's remedies the better we can combat disease.

Y. L. Abernathy said that there could be no doubt as to the value of water, especially in rheumatism, syphilis and other blood diseases. People spend hundreds of dollars to go to Hot Springs to bathe in hot water, for there is no virtue in the water. Even if it were medicated none of it would be absorbed.

K. H. Davis indorsed the use of water internally, externally and eternally.

Dr. Smith, in closing, said that the heart gets stronger under the bath. A bath could be improvised with a blanket and lamp. The cold spray could be easily applied.

J. P. Stewart, Attalla, Ala., read a paper:

**"MEDICINE, HIPPOCRATIC AND OPERATIC,"**

giving a review of the history of medicine and commenting on homoeopathy eclecticism, etc., and closing with the Hippocratic oath.

G. A. Baxter objected to classing Koch and Pasteur among the "operatics." They were not responsible for the improper use of their remedies.

H. Berlin said that human nature was the same as in the days of Hippocrates, and we were not sure that he was the man he was represented. He was charged with setting fire to the temple of Corinth.

Geo. S. Brown said: "Quackery to-day is merely a remnant of what regular medicine was in the past. Paracelsus wrote a book for the benefit of young physicians, a sort of 'How to Get Along in Practice,' in which he naively advises that when a messenger comes to use your best endeavor to learn as much as possible from him that you may get enough to make a diagnosis by merely looking at the patient and thereby greatly impress patient and friends with your intuitive wisdom. Other equally quackish methods, he advises with a confidence which shows that medicine at that day must have been largely pretense. Quackery has given way as medicine has advanced. It cannot stand against latter-day scientific medicine, and in fighting it our most effective weapon lies in keeping ourselves abreast of modern scientific medicine."

C. Holtzclaw said that Hippocrates got his name from hippus, a horse, and crates, a judge, hence, judge of a horse, and the best doctor is a judge of a horse, so he advises his students after they are graduated to go to a horse college for a while.

Dr. Stewart disclaimed any intention to reflect on Koch or Pasteur as was shown in his paper. Charlatans quoted such names to bolster up their cause. That Hippocrates was what he was held up to be is shown by the esteem in which he was held by his contemporaries,



Plato and others. The cure for quackery lies in the future.

P. L. Brouillette, Huntsville, Ala., read a paper on

#### "THE THERAPY OF ANTIPYRETICS."

He protested against the indiscriminate use of antipyretics in fever. Fever is nature's method for certain conditions. Nature's antipyretic, cold water, should be used for simple reduction of temperature. Quinine in large doses is valuable, antipyretic and also an antiperiodic.

J. P. Colvin indorsed the paper and considered water the antipyretic par-excellence; mode of application governed by the condition of the patient. Full bath hardly ever necessary for infants. Quinine, the next best antipyretic, especially in sepsis. Would caution against the continued use of coal tar derivatives, especially where there is a weak heart, lung complications or sepsis. Cold water is an antipyretic which can be used for an unlimited length of time without impairing vitality of patient.

J. R. Rathmell said that the profession went to extremes in using new remedies. A few years ago antipyretics were used irrespective of the disease, just so long as there was fever and pain present. Then the pendulum swept to the other extreme of the arc when they were not used enough perhaps, but at this time the coal tar derivatives are utilized on a scientific basis. In connection with these he uses the cold sponge bath. Surplus adipose tissue is always consumed in typhoid fever before convalescence sets in.

B. S. Wert said that he did not agree with the last statement as many fat people recover with considerable flesh. He indorsed the use of cold water.

H. Berlin said that the greatest gain in therapeutics was the antipyretics which were not more harmful than many other remedies. They should be given by the thermometer not by the clock. A temperature of 105 would do little harm for a short time, but if continued would be dangerous.

G. R. West said that we should look for and treat the cause, and if it was such as not to be dangerous it would require no treatment. The indications for the coal tar derivatives are as analgesics rather than as antipyretics.

W. F. Westmoreland said that the continued use of antipyretics would depress the vital forces. They should be given so as to have their maximum effect at the height of the pyrexia. In some the shock of cold water prohibits its use. Tepid water should be used, cold would do more harm than good.

R. R. Kime said the cause should be removed if possible, then consider if antipyretics would not depress more than fever. Would condemn in toto coal tar derivatives in septic infection, as the temperature is a guide as to amount of infection. If cannot remove cause, have to treat symptoms.

P. L. Brouillette regarded cold water as the best antipyretic; next, quinine. Patient should be put into bath and temperature reduced gradually by adding cold water.

Seal Harris, Union Springs, Ala., read a paper on

#### "THE TREATMENT OF PUERPERAL ECLAMPSIA."

He reviewed the literature on the subject, showing that the authorities do not recognize the value of veratrum viride the remedy par-excellence. The exciting cause is the retention of urinary elements in the blood; the highly excitable nervous system of the pregnant woman predisposes to convulsions.

Prophylaxis he deemed of most importance. The urine of the pregnant woman should be examined frequently during the last months of pregnancy.

By regulating the bowels and kidneys many cases can be prevented. The veratrum acts by lowering the arterial tension, not only from its effect on the vasomotor system by dilating the arterioles and arteries, but by a direct effect on the heart and pneumogastric nerves, lessening the force and frequency of the heart's action and therefore lessen-

ing the amount of toxins flowing to the nerve centres. The veratrum has also a sedative effect. He uses 15 to 20 drops hypodermically, guarded with 1-6 to 1-4 grain morphine to prevent nausea and depression sometimes seen in the specific effect of veratrum viride. He continues it in 5 to 10-drop doses often enough to keep the pulse rate below 60, claiming that when so used it will in all cases control the convulsions, giving time to restore if possible the functions of the kidneys and bowels, and if necessary, to remove the offending fetus. If the convulsions occur before labor they should be held in abeyance twelve to twenty-four hours, and if the functions of the bowels and kidneys cannot be restored in that time the interest of the mother as well as the fetus demands the induction of premature labor.

W. F. Westmoreland did not think that the explanation that veratrum viride bled the patient in his own vessels sufficient. There is some action we do not understand. The maximum action is felt two and a half hours after taking, so if he does not get an effect in an hour, feels justified in repeating dose.

R. R. Kime said veratrum was our safest and most efficient remedy. It is said to act by bleeding patient in his own veins, by sedation and by arousing glandular secretion. Bleeding is indicated in stout, plethoric patients, but we must not lose sight of the fact that bleeding favors infection. There are three classes: Hysterical, epileptic and apoplectic, the last the most serious.

J. P. Stewart indorsed the paper. He related three types which had recently come under his observation: No. 1. Patient was yet in two months' expectancy, chloral, morphine, chloroform and blood-letting gave no relief, so abortion was pro-

duced and patient recovered. No. 2. In normal labor when convulsions occurred, veratrum, morphine and chloroform failed. Immediate instrumental delivery gave instant relief. No. 3. Convulsions occurred after parturition, controlled by morphine and chloroform.

B. S. Wert had used veratrum and believed it a good remedy. Cases should be delivered at once.

G. R. West, though believing in veratrum, had no experience. Had been able to successfully treat his cases with large doses of morphine hypodermically, chloral by enemata and the use of chloroform. He advised emptying the uterus as the cause was always due to presence of child whatever the theory of eclampsia. Had used blood-letting, but now adopted rapid delivery, and even in those cases where blood-letting was rationally needed, considered it best to allow the blood lost from the uterus to be sufficient.

Seale Harris said that veratrum acted on the vagi, thus lessening the force of the heart's action.

The following were read by title: "The Woodbridge Treatment of Typhoid Fever," J. W. Duncan, Atlanta, Ga.; "Diseases and Treatment of the Accessory Sinuses of the Nose," B. F. Travis, Chattanooga, Tenn.

The following officers were elected for the ensuing year:

President, Willis F. Westmoreland, Atlanta, Ga.

Vice presidents, M. B. Hutchins, Atlanta, Ga.; Seale Harris, Union Springs, Ala.; C. R. Achison, Nashville, Tenn.

Secretary, Frank Trester Smith, Chattanooga, Tenn.

Treasurer, Geo. R. West, Chattanooga, Tenn.

Adjourned to meet in Nashville, Tenn., on the second Tuesday in October, 1897.



## Editorial

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### WANT OF FAITH IN DRUGS.

A highly important contribution has lately appeared in the Post Graduate on the subject of drug therapy and the tendency of our times to generally ignore the principles of drug treatment.

No more timely topic can be considered, for it may as well be honestly confessed that the average graduate of our regular medical schools knows practically little or nothing of the physical, chemical or pharmaceutical properties of medicines, an important, indeed, the most important, branch of the healing art; something in which he has been far outstripped by his homeopathic rival, who, it must in all fairness be conceded, is the most successful practitioner.

"By a man's works you shall know him," says Holy Writ, and applying this to the field of medicine, we may as well open our eyes and admit facts, for however we may de-

plore it, homeopathy is making tremendous strides forward, and to-day in our larger cities is notably gaining rapidly. It has the cream of practice.

So strong has homeopathy become in New York that the specialists among the regulars, impatient to catch some of the shekels from consultations with this refined type of modern quackery, threw overboard all codes and went into professional anarchy, thanks to which, the followers of Hahnemann in that one city soon enlarged their numbers to more than 1000 members—about one-third of all the practitioners in that city—and are now quite independent of the regular specialist, whose motives they well understood, as they now have their share of all our hospital work and annually train more specialists than they need.

Our modern graduates have grown

into therapeutic nihilism and ignorance, through various causes, the most dominant of which are the prominence given to pathologic and morphologic studies of dead tissues and the omnipresent bacterium; to the custom of filling the chair of *Materia Medica* and therapeutics in our undergraduate schools with raw fledgelings, the "general utility men" of the faculty, without seasoned and extensive experience. They teach nothing of practical experience, for they know nothing. The writer has a vivid recollection of one who several years ago temporarily filled such a chair. As soon as he commenced, the students quite generally turned to their newspapers or began to doze. Another instance comes to mind of a young man ambitious for professional honors, who had \$10,000 to put up. The faculty, though not desirous of a novice, yet needed his money, and gave him the chair of "*Materia Medica*."

The proprietary medicine man has worked havoc with legitimate pharmacy and has done much to demoralize the influence of medicinal therapy. The extension of the term of study to four years and the practical extinction of the preceptor, with the monopoly of teaching by the medical colleges, has, perhaps, been the most baneful of all. No amount of class teaching can ever take the place of personal instruction.

But this whole subject is of vast importance; for the practitioner who has not been thoroughly grounded in medicinal therapy is a very inadequate man for the demands of his calling. Let practitioners and colleges give more attention to teaching *materia medica*, and, when possible, allow the student some months in a pharmacy before he launches out to prescribe potent remedies, the chemical and therapeutic properties of which he knows scarcely anything.

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#### A NEW METHOD OF WOUND TREATMENT.

Some time ago we called attention to the fact that Dr. C. L. Schleich, of Berlin, to whom surgery is indebted for a number of ingenious discoveries—notably infiltration anesthesia—had introduced a new antiseptic dressing for wounds which promised to be a valuable acquisition to the sources of the surgeon. Glutol, as the new compound has since been called, is a whitish, granular powder, odorless, non-irritating and non-toxic, which is formed by dissolving gelatine in water and drying the solution in the vapors of formaline. The advantages claimed for it were that when applied to the surface of a wound the gelatine is slowly absorbed, with the continuous liberation of small amount of formaline—a powerful, yet innocuous antiseptic. Despite the short time that has elapsed since the introduction of

glutol, it has been submitted to extensive experimentation, and the high claims of its value made by Schleich have been fully corroborated. From the numerous reports that have appeared on the new antiseptic we select that of Dr. H. F. Hoyt, Chief Surgeon, G. N. and C. B. and N. Railways, as well illustrating its utility in general surgical practice. It is his custom to employ it as follows: After sterilizing with either bichloride, boric acid, permanganate of potash, peroxide of hydrogen, as the contingency of the case may require, he irrigates the wound with sterilized water, drying the surface with sterilized gauze. He then applies glutol in the same manner that iodoform is used, covering the wound with sterile gauze, cotton and bandage. For the treatment of any variety of an uninfected

wound this method, in Dr. Hoyt's opinion, comes nearer being an ideal than any other he has employed. Under its influence septic wounds rapidly become uninfected. The author has been particularly pleased with glutol in cases of extensive laceration of the tissues of the fingers sustained by brake or switchmen, and often complicated by fracture of the phalanges. After cleansing the wound, reducing the fracture, and inserting a stitch if necessary, he applies glutol, gauze, cotton and bandage, and extends the hand on a

splint. In a week or ten days, if the wound is uninfected, on removal of the dressing there will be no pain or inflammation. The scab that has formed is so firm that no splint is further required, and after the second dressing of the non-infected wound nothing need be done than to protect the injured member with a clean roller bandage until recovery is complete. In conclusion Dr. Hoyt states that glutol is inexpensive in view of the small quantity required, and that its application is entirely painless.

#### RENNYSON TREDYFFRIN LITHIA WATER.

BY JOSEPH R. CLAUSEN, A. M., M. D.

Most favorable reports have come to the publishers of this journal of results secured through the continuous use, even for a short time, of Rennyson Tredyffrin Lithia Water.

This water, which comes from a natural spring of the farm of William Rennyson, Esq., Berwyn, Chester County, Pa., has for some time been favorably received as a table water, owing to its entire freedom from organic matter; but its value as a medicinal water is a discovery of comparatively recent date. That it possesses curative qualities of the highest order is now established beyond a doubt, and if present indications count for anything, it is destined soon to become the most popular of all mineral waters prescribed by the general practitioner for diseases that have their origin in an excess of uric acid.

While analysis shows it to contain potassium, calcium and magnesium salts, sodium, lithium, etc., in nearly

the same proportions as in other popular lithia waters, yet there is in this water something in their combination that the analytical chemist can scarcely point out, much less imitate, and it is this inter-combination that doubtless gives to the Tredyffrin Lithia its greatest medicinal value.

Certain it is, that in rheumatism, gout, kidney, stomach and bladder affections and the worst forms of dyspepsia the results attained by its use have been little short of miraculous.

It is one of the strongest solvents of uric acid known. Its effect is immediately perceptible as soon as taken into the stomach.

The company will give a handsome reward to any chemist or physician who will discover the peculiar property or combination that makes this water so great a therapeutic value in fevers and all manner of sickness from disorganization of the liver, stomach or kidneys.

Philadelphia, Pa.



**OBITUARY.**

WILLIAM H. PANCOAST, M. A.,  
M. D.

The distinguished surgeon and physician, William H. Pancoast, died at his residence in Philadelphia, January 5, after an illness of a few days. He was a son of Dr. Joseph Pancoast, professor of anatomy in Jefferson Medical College, and was born in Philadelphia, October, 1835. He completed his collegiate education at Haverford College, Philadelphia, and was graduated with the degree of B. A. at the age of 18, subsequently receiving the degree of M. A. from the same institution. He pursued his medical studies at Jefferson Medical College and was graduated from this institution in 1856. Two and a half years following were spent in Europe visiting the great hospitals of London, Edinburgh, Paris, Vienna, Berlin, etc., and in the pursuit of his profession and in the study of special courses. While in Paris he was a special student of Civiale, the distinguished French surgeon. He returned to Philadelphia, where he commenced a general practice, but devoting himself chiefly to surgery, also to private teaching and anatomy. He was a member of the American Medical Association, the Academy of Natural Sciences, of Philadelphia; fellow of the College of Physicians, of Philadelphia; member of the Philadelphia County Medical Society, of which he was president in 1869; permanent

member of the Pennsylvania State Medical Society, of which he was vice president in 1870. His contributions to medical literature consist of articles written for various medical journals. He published a report of the surgical anatomy of the band which united the Siamese twins. He was elected visiting surgeon to the Charity Hospital, Philadelphia, in 1859, a position which he held for ten years, and during which he established a large surgical clinic. Upon his resigning that position he was elected consulting physician and placed upon the Board of Trustees. In 1862 he was appointed demonstrator of anatomy of the Jefferson Medical College and held that position for 12 years; was appointed lecturer on surgical anatomy in the summer school. In 1866 he was elected one of the visiting surgeons to the Philadelphia Hospital. During the absence of Professor Joseph Pancoast in Europe in 1867 and 1868 he was appointed adjunct professor of anatomy and in that season lecturing as demonstrator of anatomy, teaching operative surgery, holding surgical clinics at the Philadelphia Hospital and at the Jefferson Medical College. In 1873 and 1874 he served a second time as adjunct professor of anatomy in the Jefferson Medical College, aiding his father, and in the spring of 1874, on the



resignation of his father, he was elected professor of general descriptive and surgical anatomy of that institution. During the war of the Rebellion he was appointed surgeon in chief and second officer in charge of the Sixth and Master Streets Military Hospital, Philadelphia, and for volunteering surgical services in the field upon three occasions during the war he was elected a member of the Loyal Legion. He was one of the founders in 1887 and professor of anatomy and clinical surgery in the Medico-Chirurgical College of Phila-

delphia. He was president of the Section on Anatomy of the Ninth International Medical Congress. He was a member of the editorial staff of the "Times and Register" and a part owner of this journal, coming to it at the time the Medical Register joined the Times.

Professor Pancoast was one of the most genial of men, and took especial interest in the students under his charge. He, with the late Professor Garretson, was the making of the Medico-Chirurgical College, which institution suffers a great loss in his death.

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#### KARL HEITZMANN, M. D.

Dr. Karl Heitzmann, of New York, died in Rome on December 6, after a lingering illness. He was a graduate of the University of Vienna and became noted early in life for his beautiful anatomical drawings. He came to New York about twenty

years ago with the intention of practicing dermatology as a specialty. Before long, however, he became engrossed with microscopy and soon acquired fame as a teacher of histology.

—New York Medical Journal.



## Book Reviews.

**THE INTERNATIONAL MEDICAL ANNUAL, 1897.** E. B. Treat, 5 Cooper Union, New York, publisher.

Advanced announcement indicates that this well-known annual, now in its fifteenth year, will surpass all former efforts of the compilers.

The prospectus shows that the volume will be the result of the labors of upwards of forty physicians and surgeons, of international reputation, and will present the world's progress in medical science.

The publisher states that the kind reception accorded to the Medical Annual has rendered it possible for him to spare no expense in its production; while the editorial staff have devoted a large amount of time and labor in so condensing the literary matter as to confine the vol-

ume within a reasonable size, without omitting facts of practical importance.

The value of the work will be greatly enhanced by the thoroughness of illustration; both colored plates and photographic reproductions in black and white will be used wherever helpful in elucidating the text.

"To those who need the condensed and well-arranged presentation of the medical advances of the past year—and this class must necessarily include all physicians—we heartily commend the International Medical Annual."

The volume will contain about 700 pages. The price will be the same as heretofore, \$2.75. Full descriptive circular will be sent upon application to the publisher.

**TREATISE ON SPERMATORRHEA, IMPOTENCE AND STERILITY,** by William Harvey King, M. D. Published by A. L. Chatterton & Co., New York, 1897.

This is a compact book of 170 pages, written in the sensible style which marks this author's writings. It is based upon an extended experience in the management and treatment of the diseases mentioned, and regards them from the physicians' view-point rather than the surgeon's. The author describes spermatorrhea and impotence, their classifications, causes and results upon the health, in an unusually satisfactory manner.

It is to the remarks on treatment

that the reader will most expectantly turn, owing to the author's exceptionally wide range of experience in therapeutics. The importance of common-sense management and the upbuilding of the general health in all neurasthenic states is presented as the keynote to successful treatment. Clear indications for a variety of remedies are given, and in addition to these the technique of spinal and local applications of electricity is described in detail. The book is free from superfluities of theory and is eminently practical throughout. We do not know of a more admirable treatise on these sexual derangements.

## --- Electro-Therapeutics ---

DR. S. H. MONELL, Brooklyn, N. Y., Editor.

Chief Instructor of the Brooklyn Post-Graduate School of  
Clinical Electro-Therapeutics.

### COIN REMOVED FROM A CHILD'S ESOPHAGUS BY AID OF THE FLUOROSCOPE DURING OPERATION.

A Roentgen ray surgical operation was performed by Dr. F. W. Zimmer, of Rochester, N. Y., on December 27. A child twenty-two months old swallowed a cent sixteen days ago. With a radiograph the cent was approximately located a week ago in the esophagus. A prolonged attempt was then made by ordinary means to extract the coin, but without success.

It was finally determined to use the fluoroscope during the operation, the observer directing the movements from his observation of the coin and metal instruments as they appeared on the fluoroscope screen. Thin boards were placed across two boxes and the patient was placed under the Crookes tube.

The observer placed himself beneath, and with the use of the new metallic screen of an inch mesh definitely located the coin. The tube was then placed under the patient, and Dr. Zimmer proceeded to grasp the coin under the direction of the observer.

It was highly successful, the coin being removed after slipping once or twice from the forceps. The patient was under the influence of ether, and the observer saw every movement of the forceps. The patient is now considered out of danger.

As reports similar to the above are read in various medical journals and the daily press the interest of many physicians in the narration is followed by a desire to do the same thing themselves. At the present time the chief obstacle in the way is the expense of particular apparatus required.

Apart from the exciting electrical apparatus the minor expenses may be much or little, according to size and quantity of the items selected. Small screens, tubes, plates, etc., cost very much less than larger ones.

By dint of study, experiment and outlay the physician may arrive at skill in this work himself, as others have done, but much time and money is saved by profiting by the experience of some one who can instruct in a short time how to avoid the pitfalls of the novice. It is good economy to pay the small cost of such instruction, as it will save far more to the physician.

The necessary items are about as follows:

- Two Crookes tubes.
- Two tube holders.
- Fluoroscope.
- Photographic screen.
- Photographic plates of three sizes.
- Photographic chemicals and sundries.

Photographic plate holder.

Prices of these have already been greatly reduced since the early period of this work, and the quality has been constantly improved.

The formidable item of expense, however, is the electrical outfit. With very few exceptions operators have used large coils, and a complete coil equipment, break wheel, motor, rheostat, etc., for use with the street current, can cost from \$200 to more than \$500. The great drawback to the purchase of such an equipment even by physicians who can easily afford it is the fact that it has no therapeutic utility, and can only be used to excite Crookes tubes. If the coil could both serve for therapeutic and Roentgen effects it would be considered more favorably by medical purchasers. The general use of coils for X-ray work has grown out of the belief that no other appliance would take their place, that they were essential to investigations in this field and that, costly or not, they were Hobson's choice.

There is, however, available a well-known electro-medical apparatus of great value in therapeutics and capable of surpassing any of the coils yet made in producing Roentgen radiance of high efficiency if but one indispensable condition is fulfilled. I refer to the improved static machine; and the one condition required to enable any practitioner who has such a machine to equal the best X-ray brilliancy obtained by anyone else is the possession of a Crookes tube adapted to the static current.

My personal experience has been gained with an eight-plate, 30-inch machine, made by Van Houten & Ten Broeck, which gives a current of far higher potential than the usual coil.

Ordinary coil tubes have too low a vacuum and are otherwise inadequate. The tubes upon which I base the conclusion of the superiority of the static machine have been developed at my suggestion by the makers.


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#### GLANDULAR INFLAMMATIONS.

As a remedy for a chronic catarrhal inflammation of a gland there is nothing superior to the local action of the galvanic current. In acute congestion and inflammation the

rapidly-interrupted, high tension induction coil current is preferable. When parts are affected to which it can be locally applied it is the best single remedy available.

M



## Correspondence.

### WAYSIDE NOTES.

BY ERNEST B. SANGREE, M. D., NASHVILLE, TENN.

An amusing toothpulling incident happened a short time ago here in one of the dental colleges, whose ancient dean has seen the rise of dentistry from its infancy. A countryman, evidently from "away back," came into the operating room and asked to have a big molar taken out. After seeing that it needed removal, one of the demonstrators got his forceps and prepared to take hold.

"You won't get any of them things into my mouth," growled bucolicus, tightly closing his jaws. "I want this here tooth knocked out, same as we do with horses." Explanations as to the progress of modern dentistry as applied to the genus homo were of no avail, and the determined countryman was about to go, when the dean happened in and asked what the commotion was about. Upon hearing the reason, he exclaimed, "Knock it out! why, of course we can knock it out; sit down, my good fellow." After finding an instrument that seemed to be appropriate, the old dentist wrapped a towel around a poker for a hammer, told the countryman to open his mouth; thump, thump, thump, and the man spat out the tooth, much to the amusement of the bystanders.

"I've practiced dentistry by about every method that was ever heard of," remarked the dean, "and when I

was young many a tooth I knocked out according to the custom of that time, and I can still do it, if anybody prefers that method."

After graduation a classmate and I acted as residents in a hospital which closely adjoined a dental college. In the summer, when this college was closed, we had coming to us a considerable number of people to have teeth pulled. At first quite timid, we finally grew fond of the performance, and in order that each should have equal diversion, agreed to pull tooth about. One day a strapping big Irishman came in with swollen jaw and an offending second molar of a size corresponding to his own. Taking hold with some uncertainty, I pulled my best, but without avail. More pulling was likewise fruitless, and I called my comrade to try. His experience was similar to mine, when just at this juncture one of the chief assistants of the dental college chanced in, and we gladly turned over to him the job which we thought was difficult simply on account of our ignorance of dental technique. But his experience after several heavy pulls was the same as ours, and the stolidly suffering Irishman was about to leave when, as luck would have it, in stepped the dean of the dental college. The sit-

uation was explained and he cheerfully and scientifically grasped the forceps. But that molar would no more yield to respectable age and the niceties of dental science than it would to us young tyros. The non-plussed professor was about to send for more implements, when the hitherto patiently-enduring son of Erin suddenly rose and emphatically de-

clared he wouldn't have the tooth touched again.

It struck me that from the way he had taken all this punishment he might had had someone at the tooth before, and so I asked him. "Yes," he replied, "they tried it on the other side, and couldn't pull it, but I thought you were so dom smart over here that you could do anything."

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#### TO THE MEMBERS OF THE MEDICAL PROFESSION.

I would be pleased to have an expression from you, either personally or through some medical journal, as to the relations of the lay publishing firms of medical journals and the profession. The request is suggested by the fact that Messrs. William Wood & Company, of New York, refuse to permit the editors of "The American Year Book of Medicine and Surgery" to use in our abstracts of "Medical Progress" articles and illustrations first printed in the "Medical Record" and the "American Journal of Obstetrics."

This decision seems to me to be wrong for the following reasons: 1. It prevents the dissemination of medical knowledge. The Year Book condenses, systematizes and criticises the year's medical work in a shorter space and more permanent manner than the journals, and has thousands of readers no single journal can claim or hope to reach. Every physician writes and publishes articles in order that every member of the profession may, if possible, learn of his work, and that science and progress may thus be furthered and humanity benefited. To interfere with such dissemination of our literature in reputable publications is, I think, discourteous and unjust

to the profession and an injury to medical science. 2. This injustice and injury to medicine becomes all the more striking when physicians do not receive a cent of pay for contributions, from the publication of which the lay publisher is supposed to make considerable financial profit. 3. No other publishers in the world, not even those who pay authors for their contributions, have in the least objected to our reproduction of quotations, abstracts and illustrations from their journals.

Do you wish to limit the dissemination of your contributions to medical science by such an exclusion of them on the part of publishers from reputable publications? Is this literature the property of yourself and of the profession or not? Does your gift of it to a journal make it the private property of the publishers of that journal? Is it not rather a loan for temporary use only?

Will you not hereafter demand that there be printed with your article a statement that the right of abstracting the text or reproducing illustrations is guaranteed? Sincerely yours,

GEORGE M. GOULD.

119 S. 17th st., Philadelphia, Pa.  
December, 1896.



## Current Medical Literature.

### ON THE ANTI-RHEUMATIC ACTION OF SALICYLATE OF STRONTIUM.

Pure salicylate of strontium made by Paraf-Javal process, occurs in white crystalline needles, which are slightly soluble in water and alcohol.

It is this salt only which should be administered internally. It increases the blood pressure, which is not diminished unless the dose is increased far beyond the amount required when salicylate of soda is employed.

Clinical observations show that in doses of 5 grains its antiseptic properties are most energetic, and that as an intestinal antiseptic, it is superior to salol, naphthal and similar antiseptics.

Doses from 10 to 15 grains in gouty and rheumatic subjects, give the same results as other salicylate preparations; but its superiority lies in the fact that it does not interfere with the stomach; it is therefore especially indicated where digestive troubles occur in chronic rheumatism and gout.

(Translated from the Bulletin de Therapeutique.)

### DISINFECTION OF THE MOUTH IN SCARLATINA.

The American Medico-Surgical Bulletin states that at the Societe des Hopitaux, in Paris, M. Lemoine recently advanced the theory that the period of contagion in scarlatina is at the beginning, rather than at the close, of the disease. According

to this view, the secretions of the mouth and pharynx are the dangerous elements rather than the desquamating epithelium; the disinfection of these cavities should, therefore, take first rank among prophylactic measures, and the period of isolation to which cases of scarlatina are at present subjected should be considerably shortened.

This theory is important, in that other eruptive diseases, as measles and smallpox, may perhaps be transmitted by the same means.

Until the pathology of these diseases is better known, it seems rational treatment to disinfect the mouth and pharynx, thus possibly rendering a service both to the patient and to the attendants.

For this purpose we would suggest the use of Glyco Thymoline (Kress), a most effective prophylactic, as well as most pleasant, for use by the patient.

### TO REMOVE A FOREIGN BODY FROM THE NOSE, URETHRA, ETC.

Beugnies describes a simple arrangement with which he removes foreign bodies from small passages. A hole is bored in the end of a probe and a thread fastened to it. This is then introduced into the passage and carefully pushed past the foreign body. The string then held in one hand and the probe in the other, the little whip thus forms a loop with which the foreign body is easily withdrawn.

—Gaz. Med. de Liege, Univers. Med-Jour.

## Current Surgical Literature.

T. H. MANLEY, M. D., New York, Editor.

### RESULTS OF HISTOLOGICAL EXAMINATIONS OF 30 HYPERTROPHIED PROSTATES.

In thirty prostates examined by the author, which had been the seat of enlargement, while various tissue changes were well-marked, the dominant feature was found to be neoformation of inflammatory elements.

In some instances there were new gland growths diffused through the stroma, with an abundance of new connective tissue, but there was no evidence of an excessive vascularity, or those changes in the vessels known as arterio-sclerosis.

In sixteen cases the vessels were normal. In but five was the number of vessels increased or their caliber enlarged, and in but nine were there definite signs of endurteritis. In conclusion the author denies arterio-sclerosis or the dominant pathological changes in senile hypertrophy of this organ.

### MORTAL HEMORRHAGE, BY RUPTURE OF ESOPHAGEAN VARIX IN ATROPHIC CIRRHOSIS.

Menetrier records the case of a man who entered hospital, who had been a very heavy drinker, but had no ascites. He shortly after succumbed, by a profuse hematemeses. On autopsy it was discovered that the hemorrhage had entirely proceeded from a rupture of two large varicose veins, at the inferior ex-

tremity of the esophagus. The veins in the cardiac end of the stomach were turgescient, in consequence of a thrombosis of a large trunk of the portal.

—Soc. Med. des. Hop., 8 Dec., '96.

### FOREIGN BODIES IN THE ESOPHAGUS.

M. Peau lately presented a case before the French Academy of Medicine illustrating the great value of the Roentgen rays in detecting foreign bodies in the gullet.

The patient, who was three years old, some days before had great distress after attempting to swallow a piece of money. A physician was called who, after employing simple remedies, and finding the child could take drinks, assumed that it had gone on to the stomach. But pain continued, with marked dysphagia, when Peau was called.

He at once had the case radiographed, when the foreign body was readily detected, at the verge of the thoracic opening, in the straight part of the esophagus.

Its position having been defined, M. Peau made an incision from the angle of the mandible to the sternum, following the inner border of the sterno-mastoid muscle. The pre-tracheal muscles, the carotid artery and internal jugular vein were thrust aside and the esophagus exposed. This now was opened, the money piece readily seized and extracted, the child rapidly recovering. M.

Peau calls attention to the great value of the skiagraph in this class, in which, so often, because swallowing is possible, one may assume the body has descended to the stomach, while, as a matter, it may gradually work its way into the deep tissues, open into the mediastinum, the plural cavity, the trachea, or pierce the aorta.

—Academie de Med., 8. Dec., '98.

#### THE INDICATIONS FOR OPERATING IN APPENDICITIS.

There is much difference of opinion as regards when, and when not, to operate in cases of appendicitis. In clear cases there can be no difficulty, but in many it is well-nigh impossible to say one way or the other as to the propriety of operating or letting it alone. A differential diagnosis between typhlitis, perityphlitis, paratyphlitis and appendicitis cannot be made with absolute certainty, but it may always be remembered that something like ninety-one per cent. of the cases start in the vermiform appendix. Roughly speaking, the diagnosis from fecal impaction can be made by rectal examination, colonic flushing, history, and character of the pain; from tubercle or malignant tumors, by history; from ovarian or tubal disease, by history and careful examination (if necessary, under an anesthetic); from extra-uterine pregnancy, by similar methods; from hematocele or intra-abdominal hemorrhage, by the history, pallor, shock, varying line of dullness, absence of temperature, rapidity and feebleness of pulse. Once appendicitis has been diagnosed, a decision must be arrived at as to treatment, and the indications for surgical proceedings may be summarized thus: 1. Where there is persistent pain, tenderness, temperature, increasing pulse, increasing tumor, and the disease is progressing; 2. Whenever it is suspected that pus is present; 3. When flushings of the colon do not give prompt relief; 4. When there are relapses in the interval following an attack; 5. When-

ever the appendix is found diseased during a laparotomy for some other condition, it should be removed at the same time; 6. Immediately in all perforated cases; 7. Immediately in all gangrenous cases. As far as possible operations should be done early, because in operations during the first week the mortality is but eight per cent., whereas during the second week, it rises to more than double that figure, viz.: seventeen per cent.

—London Medical Times.

#### AN EASY METHOD OF CIRCUMCISION.

We have lately heard of an ingenious method of circumcision invented, we believe, by a retired naval surgeon, which should be useful to many general practitioners, for whose benefit we repeat the directions, which run thus: Retract the foreskin; insert the glans penis up to the corona into the open mouth of a glass test tube, draw the foreskin well forward over the end of the tube, tie a strong, small silk ligature very tightly around the foreskin, immediately in front of the flange of the tube; amputate the foreskin one-eighth of an inch in front of the constricting cord by a circular sweep of the knife, unite the mucous and cutaneous edges of the stump of the prepuce by eight or ten fine interrupted sutures; cut the constricting cord, remove the tube, cover the cut edges well with powdered iodoform; encircle the anterior half of the penis with a roller bandage of iodoform gauze, allowing the meatus to project slightly for facility of micturition without soiling or removing the dressing; keep the patient in bed, with penis elevated, for from twenty-four to forty-eight hours.

—Med. Times and Hospital Gazette.

#### DOES SURGERY ALWAYS CURE?

A patient has an abscess. He goes to a surgeon, who makes an incision, and it heals. Is that patient cured?

Not at all. So long as that patient lives there is a fibrous induration, there may be interference with nerve supply, there may be circulatory disturbance; the patient has a scar; the patient is never, in the strict sense of the term, cured. In the surgical sense cure has become very much restricted. We see at the present time in the surgical sense cure is restricted to those patients who survive the operation. As therapists, we can certainly do better than that. You remember the other day I demonstrated to you a patient who stated that after an operation for appendicitis he was discharged as cured. You remember I demonstrated to you the appendix which was left behind, easily felt behind the abdominal walls. You remember I demonstrated that this man was a victim of post-operative adhesive peritonitis, that the small intestines were glued together in one mass. And then when we went on to investigate the case a little further we found the man was a lithemic of about five years' standing, and the operation which he underwent was of no use, but, on the contrary, was a positive detriment. That is a case put down by the surgeon as cured, which means that the patient got away from the hospital alive. He undoubtedly will figure in the statistics of this operator, a gentleman who is not connected with this hospital, as cured. It would have been better for the man if he had never submitted to the operation. Surgery, which consists in subtraction, can never effect *restitutio ad integrum*.

You can make a student during the first year of his pupilage spend two months on the five layers of muscles of the back, and yet so thorough a man as Dr. Holmes used to say that he would not dare risk an examination on the five layers of muscles of the back during vacation time. Yet the very time that seems to be wasted, without protest, on subjects of no practical importance, could be spent with good results if devoted to *materia medica*. I have contended, and it has been in use many years at Harvard and at some

of the other schools, that *materia medica* should be taught entirely apart from therapeutics, that is, the materials with which we fight disease should be taught aside from the use which we make of them. In the second year, after a student has learned medical terminology, has mastered his chemistry, anatomy and physiology, he should be put to laboratory work, and handle the drugs themselves, in the crude and in the prepared state, until he knows the drugs as the surgeon knows surgical, obstetrical and gynecological instruments—what they are and what they are used for. I presume there is not one physician out of ten who can tell the difference between magnesium sulphate and zinc sulphate. I presume there is not one out of ten who can be sure he has a bottle of tincture of digitalis before him—knows what it tastes or smells like, as the patient usually makes the discovery. He should learn the medicines, the tools with which he works, as thoroughly as the surgeon learns his. After the student knows what he is working with he should be taught therapeutics in his third year, given an opportunity for laboratory drug experimentation, and be obliged to attend recitations. In his fourth year the professor of therapeutics should show him the practical application of drugs in the wards of a hospital and in ambulant clinic. Finally, he should be required to prescribe for patients under the direction of a competent instructor. That would require a great deal of hard work, a great deal of serious work, but it would result in the men going out as well-equipped in medicine as in surgery, and would put an end to the spectacle of men from the best medical schools who cannot obtain 30 to 35 per cent, out of a possible 100, on a therapeutic examination.

—Dr. R. W. Wilcox, in *The Post-Graduate*, December, '96.

#### CEREBRAL COMPRESSION.

De Gaetano (*Atti della Soc. Ital. di Chirurg.*, 1896) details a series of experiments made by him with reference to the above subjects on hens,

guinea-pigs, rabbits and dogs. The *modus operandi* was to trephine and then exercise pressure by the insertion of discs of bone, laminaria or sponge, applying pressure thereon either digitally or with a special form of compressor devised by the author. In opposition to Bergmann, Gaetano finds that the cerebral mass is compressible. After compression, dilatation of the lateral ventricles (more on the affected side) and central medullary canal was observed. After severe pressure the nerve cells underwent degenerative processes. Medium and strong pressure caused optic papillary stasis (most marked on the compressed side), and blindness from edematous optic neuritis. With regard to the circulation, slight compression caused lowering of the blood pressure due to irritation of the vagus, but strong degrees of pressure raised the blood pressure by stimulating the bulbar vasomotor centres. Electrical irritation of the nerve fibres of the dura mater and cerebral convolutions caused a diminution in blood pressure. The respirations were rendered shallow and infrequent, but if the vagi were divided they became very irregular. The temperature was slightly lowered after pressure. In general, the author concludes, the effects of cerebral compression are due in the first place to the direct irritant action of the compressing body on the dura mater and brain, and in the second place to the indirect action of the augmented intracranial pressure of the cerebro-spinal fluid. As regards treatment, the author says that whatever be the foreign body which is compressing the brain, the first therapeutic indication is to remove it, if practicable, and that as soon as possible. The history of the subject is fully discussed, and there is a bibliographical table and also drawings of the histological appearances of the affected nerve tissues after compression.

#### GROSS LESIONS OF THE PREFRONTAL REGION.

Williamson (Brain, autumn, 1896) has analysed 50 cases of tumor involving the prefrontal lobes; four of

these were abscesses, the rest tumors of sarcomatous, syphilitic, or tuberculous nature. Headache was marked in most cases, generally frontal, but sometimes occipital. Optic neuritis was unilateral, or more advanced on one side than the other in several cases, a symptom of some importance in the diagnosis from cerebellar tumor, in which it seems to be rare. Unilateral or bilateral loss of smell was noticed in seven cases only, while localized swelling in the frontal region and unilateral exophthalmos are still more rare, but these symptoms when present point strongly to some prefrontal lesion. Motor symptoms were slight when present, and generally occurred only at the end of the illness; they were usually hemiplegic in character, and were due to extension backwards of the lesion into the motor area. Anesthesia never occurred. Ataxia may be present similar to that of cerebellar disease, and a further point of similarity is the variability of the knee-jerk, which may be absent, normal or increased. The chief interest attaches to the psychical symptoms, which are generally well marked and often occur early—in some cases childish behavior, with an abnormal tendency to fall asleep; in others mental impairment, with a peculiar hilarity and tendency to jest, has been observed; similar conditions were noticed by the writer. The patients usually became comatose before death. The diagnosis from cerebellar tumor may be difficult, as the following symptoms are common to the two conditions, namely, occipital headache, absent knee-jerks, and ataxy; the points of distinction are the early and prominent mental symptoms and the greater affection of the optic disc on one side than the other in prefrontal lesions, in which also paresis of limbs and convulsions are much less rare than in cerebellar lesions. From lesions of the motor area the prefrontal lesion may be diagnosed by the much earlier onset of mental than of motor symptoms, and also by the ophthalmoscopic symptoms mentioned, and occasionally by the loss of knee-jerks and of



smell; tenderness also on percussion over the frontal region may point to a lesion here. Operation was tried

in three of the fifty cases; two were successful, one being an abscess, the other a solid tumor.





## Current Literature in Obstetrics and Gynecology.

### ATRESIA AND ITS CAUSE.

Meyer (*Zeit. f. Geburtch. und Gynak.*, vol. xxxiv, Pt. 3, 1896) has published a very complete monograph on this subject, with no fewer than 216 cases carefully tabulated. He does not confirm Kussmaul's doctrine that ill-development of the lower part of the genital tract with atresia is due to fetal inflammation. It is in infancy and childhood that these inflammations occur, such as vulvitis and local lesions in general infectious disorders. The vagina closes, the tissues heal and look healthy after a time, and it is not till puberty that the damage becomes manifest. Then it is easy to understand how the disease might be wrongly considered congenital. Unilateral hematosalpinx, with inflammatory closure of the vagina, is very often observed, and Meyer holds that there is closure of the tube at the ostium from the same inflammation, due to some infective agent. As the agent can cause septic changes in the blood in the tube, the ultimate rupture of the hematosalpinx into the peritoneum or into some visceral cavity puts the patient to great peril. This explains the high mortality of atresia vaginae with unilateral hematosalpinx.

### A GIANT FETUS.

G. Olano (*El Monitor Medico*, Lima, October 1, 1896) records the occurrence of a female fetus, otherwise well formed, weighing 10,000 g., and measuring 68 cm. in length. The mother, a 6-para, aged 39, had had previously three normal and two premature confinements; the father,

aged 42, was well-formed, tall and muscular. There was non-medical and purely subjective evidence to the effect that the woman was many months past the full term. After four days of labor pains and an unsuccessful attempt to deliver by forceps the patient died, the fatal issue having been ushered in by slight convulsions. The necropsy was performed by Olano, in the presence of several of his colleagues; and the pregnant uterus was found lying to the right side with its fundus near the liver, and containing the giant fetus above referred to. It was a vertex presentation, and the various parts of the fetal body were proportionately large. The cephalic measurements are not given.

### UTERINE ANTE-DEVIATIONS.

Pecker (*Archives Provins. de Chirurgie*, November, 1896) is of opinion that enteroptosis, or Glenard's disease, may set up uterine ante-flexion and all its consequences, and he narrates two cases in illustration in which there was both ante-flexion of the uterus and prolapse of the right ovary into the pouch of Douglas. The badly-nourished lax abdominal viscera press upon the fundus uteri, exaggerating or initiating its flexion forwards. Further, the prolapsed intestinal coils, directed to the left by their mesenteric attachments, determine the inclination of the uterine axis to the right, so that there is a rotation of the anterior surface of the uterus to the same side, and in consequence the right ovary falls into the pouch of Douglas. The muscular substance of the uterus is weak in these chloro-anemic women, and

the organ becomes sharply flexed; dysmenorrhea is thus produced, and the menstrual blood meeting with resistance passes in some degree through the tubes into the peritoneal pelvic, and then sets up a posterior pelvic peritonitis. The author, therefore, regards the peritonitis as a consequence and not as the cause of the ante flexion. Such being his views of the causation of the displacement, he recommends a treatment giving tone to the uterus and other involuntary muscular organs (for example, electricity, massage, etc.), along with the dilatation of the cervix with Hegar's bougies, and the replacement of the ante flexed fundus.

#### TYMPANIA UTERI.

Ahfeld (*Zetischrift f. Geburtshulfe u. Gynak.*, vol. xxxv, pt. 2, 1896) condemns the principle of performing Porro's operation for tympania uteri. Fritsch's doctrine that it not only stops the septic changes, but also prevents the patient from becoming pregnant again, and running the same risks, is hardly to be accepted. The prognosis when the uterine cavity contains fetid air during labor is far from certain, and death is not invariable, and the rational treatment is to deliver the child speedily and to wash out the uterus. He boldly uses a 50 per cent. solution of alcohol, and freely washes out the uterine cavity with it, in fever after delivery and septic endometritis. He finds that the patient suffers no pain, and no bad consequences ensue; on the contrary, all fever disappears. When blood poisoning has become general removal of the uterus can be of no avail.

#### HEMORRHAGE IN THE VULVITIS OF CHILDREN.

Comby (*L'Union Medicale*, October 31, 1896) warns students of medical literature against too implicit belief in reports of menstruation in infancy and childhood. The ordinary vulvo-vaginitis is sometimes accompanied by distinct hemorrhages, and in cases of hemorrhage in children of 2, 6 and 8 years of age, Com-

by found that the diagnosis of metrorrhagia or precocious menstruation was quite wrong. The blood did not come from the uterus, nor even from the vagina. Around the meatus urinarius were free vascular granulations, and the most gentle touch set up bleeding.

#### OVARINE IN THE TREATMENT OF DISTURBANCES FOLLOWING OOPHORECTOMY AND THE MENOPAUSE.

The *Gazette hebdomadaire de medecine et de chirurgie* for December 13, states that Dr. Mond (*Munchener medicinische Wochenschrift*, 1896, No. 36) reports twelve new cases in which ovarine was employed, and says that in every case the effect of the treatment was remarkable. There was progressive attenuation of the disturbances from the beginning of the third or fourth day, followed by their complete disappearance at the end of ten or twelve days.

The quantity employed was ten tablets a day, each containing eight grains of fresh ovarine substance. The author advises the employment of large doses in the beginning, which may be progressively diminished and increased again if the dose seems to be insufficient. Dr. Mond states that he has never seen the least symptom of poisoning in any case.

In several cases he substituted for the ovarine tablets others which had the same taste, the same color and the same appearance, but contained only meat extract and salt. The administration of these tablets was regularly followed by the return of all the troubles. The real ovarine tablets evidently did not act by suggestion.

—New York Medical Journal.

#### INTRA-UTERINE CRYING.

Intra-Uterine crying (or Vagitus Uterinus) is of rare occurrence, and requires no thought to understand why it is so uncommon. The following case we cull from the *Wien. Clin. Woch.*, wherein it is reported by Dr.

Brull. It was a twin birth. After labor pains had lasted two days, the midwife in attendance had frequently introduced her hand into the uterus for the purpose of facilitating the extraction of the twin presenting by the breech. Brull, who had been summoned for assistance, on entering the room heard a crying which emanated from the uterus of the woman in labor. The crying was distinctly audible at a great distance, even in an adjoining room. The midwife mentioned that this had lasted, with long intervals between, for three hours. Ex-

traction of an asphyxiated, but later resuscitated infant was performed. The other twin, which was greatly under-developed, was dead when extracted. The conditions for the possibility of the vagitus uterinus he declares to be: first, that the placental circulation must have ceased; second, air must have entered the uterus; third, the amniotic fluid must have been absent, or so distributed in relation to the mouth and nose as not to interfere with breathing. Brull furthermore calls attention to the medico-legal aspect of the case.

Med. Times and Hospital Gazette.



## Therapeutical Progress.

### KUTNOW'S IMPROVED EFFERVESCENT POWDER.

It is made from the Natural Carlsbad Salt, but it is far superior for the following reasons:

First:—The Carlsbad Salt is nauseating and nasty in taste, while our powder is perfectly palatable and agreeable.

Second:—The Carlsbad Salt as it is evaporated from the Sprudel Spring is nothing more nor less than sulphate of soda, or common Glaubers salt, as every physician and chemist knows; a good many ingredients having been lost by evaporation. We, in our powder, use the Carlsbad Salt as a basis, and then add all ingredients lost by evaporation; thus, in its analysis, our powder is the most perfect substitute for the Carlsbad Sprudel Spring, while alive; therefore, our powder is much milder, yet more effective than the salt. A trial of the same will corroborate our statement. In making it palatable, we avoid sugar, but use a trifling amount of saccharine, which passes unabsorbed through the body, and, therefore, you can use the same in diabetes, or in cases of liver troubles, where sugar would be contra-indicated. We make it effervescent not only for the agreeable taste of effervescing drinks, but also in consideration of the important fact that the Sprudel Spring is effervescing, containing about 12 1-2 per cent. carbonic acid gas, which percentage will be found in our powder when dissolved, and which enters the body, together with the salines, in order to heighten the alkalinity of the blood.



The above we present to our readers as an illustration of the method of using the Bermingham Douche and solution of the Glyco-Thymoline (Kress) in the treatment of catarrhal conditions.

With the head thrown well back, every part of the nasal cavity is thoroughly irrigated and cleansed.

The old method of douching resulted only in cleansing the floor of the cavity.

Breathe through the mouth while using, and the solution will not run into the throat.

As no pressure is possible with the Bermingham Douche, the danger attending the use of the old-fashioned Douche is avoided.

Kress & Owen Company, New York, are the manufacturers of Glyco Thymoline (Kress) and the Bermingham Douche.

## THE PURITY OF COCAINE.

To every physician, surgeon and specialist who employs cocaine hydrochlorate, the absolute purity of the product used is a matter of paramount importance. Cocaine is used in the most delicate operations; it is applied externally, hypodermatically and internally, and in whatever manner used it may cause suffering and grave results if the product is impure.

To make cocaine absolutely pure, it is necessary to eliminate allied alkaloids and all inorganic substances, and this requires the most perfect technical methods and scrupulous care in the manufacture.

Boehringer & Soehne, as leading makers of cocaine and the first to improve the process and furnish a chemically pure product, offer the assurance that all cocaine supplied in original vials with the "B. & S." label is absolutely pure, of uniform and highest standard of quality, and reliable.

B. & S. cocaine hydrochlorate is supplied in chemically pure, anhydrous, well-defined, perfectly white crystals; it meets the requirements of the United States Pharmacopeia, as well as all other standard tests.

For ready determination of presence or absence of dangerous allied alkaloids or impurities in cocaine, we quote these official tests:

Test I.—Dissolve 0.1 gramme cocaine hydrochlorate in 5 ccm. water (making a 2 per cent. solution) in a clean, glass-stoppered vial, adding 3 drops diluted sulphuric acid; then add 1 drop of a 1 per cent. solution potassium permanganate, which produces a pink or violet tint. This tint will not visibly decrease within half an hour if the cocaine is free from cinnamyl-cocaine and other dangerous impurities.

Contamination with isatropyl-cocaine (a violent cardiac poison, which is stable towards the permanganate test) and other basic impurities may be detected by MacLagan's ammonia test, viz.:

Test II.—Dissolve 0.1 gramme cocaine hydrochlorate in 87 ccm. water, and then add 3 drops of ammonia;

for a few moments the solution will remain clear, but rapid stirring with a glass rod will cause a prompt crystalline precipitation of free cocaine. If isatropyl-cocaine is present a milky turbidity will immediately ensue on addition of the ammonia; if other impurities are present they will prevent the crystallization of the cocaine.

B. & S. Cocaine will stand both tests—as well as all other official tests—perfectly; it is a chemically pure cocaine, of the highest possible standard of quality.

## THE HYPNOTIC EFFECT OF PELLOTINE.

Professor F. Jolly reports his clinical tests with pelltine muriate (the new hypnotic introduced by Dr. Heffter, of the Pharmacological Institute of Leipzig, and manufactured by C. F. Boehringer & Soehne, of Mannheim) in the *Therapeutische Monatshefte*, June, 1896. He employed pelltine muriate, preferring this salt on account of its ready solubility in water; his experience covers 40 cases at the Charite Hospital of Berlin. In one-half of these cases the drug was administered during the day, either by mouth or subcutaneously; doses of 1.3 grain (0.02) caused languor and sleepiness in quiet patients, but usually this effect followed only after 3.5 to 9.10-grain doses—causing several hours' sleep within 1.2 to one hour after administration. In some cases the pulse rate was decreased, in others not at all, and only at the beginning of sleep. In painful affections (lancinating pains in tabes, neuritis and ischias) sleep was also induced, but an anesthetic effect was only occasionally noted before and after sleep. In excitable and delirious patients, the above-mentioned doses were insufficient; even 2-grain (0.12) doses did not produce sleep, but had a calming effect—lasting all day—on the patient.

In 20 cases the drug was administered at night as hypnotic, and 3.4 to 11.5-grain (0.05—0.08) doses were found to equal in effect 15 grains of



trional or 22 to 30 grains of chloral. Of side-effects, excepting the considerable slowing of pulse-rate, a few patients exhibited giddiness and a feeling of unrest before sleep ensued; a few also complained of similar feeling upon awakening in the morning. In several cases the hypnotic effect was not produced, but in these other hypnotics had also proved ineffectual. In no instance were serious side-effects noted.

The author then quotes six typical cases from his records, in which 4, 1

and 5 hours sleep were induced in three cases; one slept through the night for three consecutive nights; one slept peacefully through the night while otherwise her rest had been frequently broken; and one slept fairly well—although there occurred two periods of wakefulness.

Professor Jolly's report is generally favorable, and he concludes that he will continue the use of this new agent and will render additional report after more extended trials.

—American Therapist, Aug., 1896.

<p>❖ <b>COCAINE</b> ❖</p> <p>C.P. ANHYDROUS CRYSTALS.</p> <p>STANDARD OF PURITY THE WORLD OVER.</p>		<p>❖ <b>MURIATE</b> ❖</p> <p>BOEHRINGER-B.&amp;S.</p> <p>DISPENSED BY ALL DRUGGISTS</p>
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## Prescriptions.

### VAGINISMUS.

Touvenaint prescribes

- R. Strontii bromid.,  
Potass. bromid.,  
Ammon. bromid.,      1¼ dr. each.  
Aq. destill.,      8 oz.  
M. Sig.: Tablespoonful twice a day.

Or,

- R. Zinci valerianat.,      ⅝ gr.  
Quinin. valerianat.,      1½ gr.  
Extr. opii,  
Extr. belladonn.,      1-6 gr. each.  
M. ft. pil. no. 1.  
Sig.: From three to six pills daily.  
Locally,  
R. Ext. kramerieae,      1½ gr.  
Morphin. hydrochlor.,      1-3 gr.  
Ol. theobrom.,      1 dr.  
Ft. suppos. vaginal.

Or,

- R. Cocain. hydrochlor.,      3 gr.  
Extr. belladonn.,      1½ gr.  
Strontii bromid.,      4 gr.  
Ol. theobrom.,      1¼ dr.  
M. ft. suppositor vaginal.  
—New Yorker Med. Monatsschrift.

### HEMOPTYSIS.

Dr. Thomas J. Mays believes that many cases are strongly dominated by the rheumatic spirit, that they belong to the rheumatic class or diseases and that they must be treated with and promptly yield to antirheumatic remedies. It is really remarkable to see the sudden improvement in many of these cases under the salicylate treatment, and in cases, too, which previously had resisted all other treatment. He cites a case in which he successfully used:

- R. Sodium salicylate,      4 dr.  
Potassium acetate,      1 dr.  
Tincture of digitalis,      3 dr.  
Wintergreen water sufficient to make      4 oz.  
M. Sig.: One teaspoonful four or five times a day.—Philadelphia Polyclinic.

### DIARRHEA.

- R. Tinct. opii.      2 oz.  
Syr. rhei arom.,      4 oz.  
Tinct. catechu,      4 oz.  
Sulphocarbonate of zinc      2 dr.  
Oil of sassafras,      80 drops.  
Tr. lavender comp., q. s. ad 16 oz.  
M. Sig.: One or two drachms after each stool.

—Medical World.

### A LOTION FOR ACNE PUNCTATA.

Dr. A. Malbec (Province medicale, November 28, 1896) recommends this formula:

- R. Borax,      each 10 parts  
Sodium bicarbonate      20 parts  
Ether      20 parts  
Rose water      300 parts.  
M.: To be used after pressing out the contents of the follicles and in conjunction with frictions twice a day with sulphur soap and very hot water.

### A LOTION FOR PITYRIASIS VERSICOLOR.

Lyon medical for November 29 takes the following formula from the Concours medical for November 4:

- R. Corrosive sublimate      1 part  
Oil of lavender      4 parts  
Tincture of lavender      120 parts  
Green soap      80 parts  
M.: Apply the liquid to the affected part and let it dry; three days later take a bath. One application is said to be enough.

### BLOOD STAINS.

Dr. Blenkiser in the Scalpel says that surgical instruments, sponges, the hands of the operator, and blood-stained articles may be readily cleansed by washing them in a tepid solution of tartaric acid, and rinsing in water without soap.

## ECZEMA OF LIPS.

Eczema of the lips may be distinguished from herpes by its more prolonged duration. Herpes is an affair of a few days or, at most, weeks. Eczema may last, as it has in this case, for years, undergoing some improvement at times, perhaps, but very readily excited to relapse. Eczema in this situation is to be treated according to the general principles which govern its management upon other parts of the body. The following may be applied locally:

Acid Salicylici	20 grn.
Sulphuris Sublimat.	20 grn.
Acidi Carbolici	10 min.
Camphor	10 grn.
Ungt. Aquae Rosae	
Ungt. Zinci Oxidi Benzoat	½ oz. each.

## AORTIC REGURGITATION WITH MITRAL STENOSIS.

R. Tr. strophanthus.	
Tr. nucis vomicae.	
Tr. digitalis	p. ae each.
M. S. gtt. xx. to xxx. t. i. d.	
—W. H. Thompson.	

## POP-CORN TEA.

In a paper entitled "Therapeutics of a Country Doctor," published in the Journal of Science and Medicine, the writer says:

"I am not certain where I first

heard of this remedy, but experience has amply demonstrated that a tea or infusion made from freshly-popped corn will relieve obstinate vomiting in pregnancy after bismuth, cerium, cocaine, etc., have utterly failed, and is therefore worthy of notice."

—Medical Bulletin.

## COLLODION IN ANAL FISTULA.

Dr. J. Garmell suggests (Med. Age) treatment of fistula in ano by pure collodion applied directly to the open wound. Though the application causes intense momentary pain, this is quickly succeeded by a pleasant, comfortable sensation. It contracts the parts, and acts as a protective beneath which healing takes place rapidly.

## VARICOSE ULCERS.

Simonelli recommends this powder:

R. Sodium chloride	10 parts.
Menthol	1 part.—M.

After cleansing of the ulcer this is to be dusted on. Under this treatment even perfectly atonic ulcers soon begin to granulate healthily, and then they may be treated with cauterization, skin-grafting, etc.

—New York Medical Journal.



## For Physicians' Wives

### REFLECTIONS OF A BACHELOR.

(New York Weekly Press.)

Girls like to kiss each other in public just to aggravate the men.

Women's hearts are like egg shells—a good deal tougher than they seem.

There will be no marriage in heaven, but we can be sure about the other place.

When a girl thinks she owns a man she begins to pick threads off his coat collar.

There never lived a woman who didn't think her husband looked nice in a silk hat.

Whenever a girl wears her old shoes downtown she gets the rim of her skirt all muddy.

No matter how much a girl takes after her mother, it's always hard to imagine her with the same double chin.

Until a man has been married three months he hasn't any idea how many old, draggley dresse his wife has saved up.

The girl who doesn't believe in chaperons is generally the one who says she likes the men who know enough not to talk too much.

A woman would rather die at the age of 25 of consumption or something romantic than to live to a good old age and die of yellow jaundice.

A woman always keeps her photographs of herself—one taken when she was a year old, sitting on a hair

rug, and another in her wedding dress.

When a girl has had one story printed in a magazine she always tries awfully hard to get the conversation around to writing, so she can refer to it.

Before a man gets married he always imagines being waked in the morning by a kiss. After he's been married a year, he's satisfied if he isn't kept awake half the night by a crying baby.

### IN JOHNNY'S POCKET.

(From the Indianapolis Journal.)

An old shoestrapping and a sixpenny nail,

Some grocer's twine and a shell of a snail,

Two hickory nuts, an old brass pin, A lump of gum and a bit of tin,

Two marbles, a top and a fishing hook or two,

A dozen "B" shot and his father's corkscrew,

A button, a knife and a leather sling, An empty spool and some more string

Tobacco tags, of kinds galore, A penny whistle and an apple core, A piece of rubber and a stale fish-worm

(Which I knew by the odor has lost its squirm),

Four carpet tacks and a discarded locket,

I found to-night in my sweet boy's pocket.

## HOUSEHOLD HINTS.

(From the St. Louis Republic.)

Knob celery, now in its best condition at the green grocer's, is the strongest flavored as well as the least expensive root to use for cream-of-celery soups.

Nickel bedsteads are seen at places where a large assortment of metal bed frames are kept. They are not so furnishing as the brass ones, having a cold and unfinished appearance.

Some extra large spinning wheels have been seen in some bric-a-brac shops recently. They almost indicate reproduction with additional size, but in each case they were vouched for as genuine antiques.

Silver vessels for holding the table flowers are almost superseding any other choice. They are shown in many artistic designs, from the tall, slender pitchers to the low massive bowls and loving cups of English design. Pink flowers look especially well rising from the polished metal, and an old English loving cup holding a bunch of La France roses leaves little to be desired in the way of pleasing effect.

The chocolate served at a certain New York table has achieved a reputation among the partakers of the family's hospitality for its unusual richness and flavor. It is compounded by the eldest daughter, who attributes its excellence to the fact that it is made hours before it is served. Plain, unsweetened chocolate is used, a half-pound cake for 10 cups. This is broken up and slowly dissolved in warm water, whose heat is slowly increased. When the boiling point is reached it is allowed to boil 15 minutes. It is left in the porcelain or earthenware vessel in which it is cooked for several hours, closely covered and standing on some

warm, but not hot, part of the range. Finally it is served, rich and smooth, with powdered sugar and whipped cream. Where milk is used only the chocolate dissolved in sufficient warm water must stand so long. The boiling milk is added and the mixture brought to a boil just before serving. And this particular chocolate maker never stirs her brew with other than a wooden spoon.

## WORTH TRYING.

(From the St. Louis Republic.)

Try keeping lamp burners bright by rubbing them with Bristol brick or dry ashes every time the lamps are cleaned.

Try making a crumb cloth of a long piece of canvas; it is more easily handled than the usual rug, and it will save much sweeping.

Try hanging the roller pin in a bag, and it will not only be convenient for use, but will be kept smooth and clean.

Try drawing the edge of a sharp knife half-way round the potato lengthwise, when they are to be steamed or boiled, but they should never be cut for baking.

## AN ORIENTAL SWEETMEAT.

(From the St. Louis Republican.)

A delicate Oriental comfit, and one quite new to us Westerners, is the rice candy, to be had at some of the shops dealing in Eastern imports. While it may be had in the plain rice variety, it is most popular in raspberry or sassafras, those flavors being delicately distilled in a most agreeable way.

## A PERPLEXED CALLER.

Mrs. Mulligan—"Do yez feel better this morning, Mrs. O'Toole?"

Mrs. O'Toole—"I do, an' then again I don't."

Mrs. Mulligan—"Thot's bad, fur it's harrud to know whether ter say Oi'm sorry or glad."

—Harper's Bazaar.



## A DELICATE HINT.

He—"You have seen these slow matches?"

She—"You mean long engagements?"

—New York Journal.

An old Scotch woman was dying. The storm was raging without, the wind was howling, and the rain dashing against the window panes. They were gathered around her bed.

"I maun dee, doctor, I maun dee."

"Aye, aye, I'm mickle feart ye're gaun."

Weel, weel, the Lord's will be done. But it's an awful nicht to be gaun skirlin' through the clouds."

—Spare Moments.

## AN INDICATION.

If a chicken is served with dump-lings, that settles it. It is at least a year old. No chicken can lay claim to having died young if it is served on the table with dumplings. Youth in a chicken is sufficient gar-nishment, as it is with a girl.

—Atchison Globe.

## WHAT HE SAID CAN'T BE PRINTED.

"My daughter is entirely too young to marry," snorted old Goldrick.

"Well," replied the dejected suitor, "what would you say to my taking her marriage dot now and waiting a few years for the girl?"

—Detroit Free Press.

## AND BABIES.

"I have found that marriage is a very costly investment."

"Well, it is true that about the only return comes in the way of heart interest."

—Philadelphia North American.

## HE HAS IT STILL.

"Why don't you take something for that cold you've got?"

"Great Scott! I don't want anything for it—I'd give it away if I could!"

—Roxbury Gazette.

## HAS TO KEEP WARM BY SCORCHING.

All summer long no chilling lack  
Of raiment did I feel;

Now, when I want an overcoat,  
I cannot sell my wheel!

—Life

## TEMPTATIONS TO ERROR.

(Washington Star.)

'Tis not the man whose feet are large

Who makes the swiftest sprinter;

'Tis not the girl with temper hot

Who best endures the winter.

'Tis not the hen that cackles loud

Who makes the steadiest layer;

'Tis not the biggest head of hair

That makes the football player.

## WHY SHE IS MAD.

(Cleveland Plain Dealer.)

She posed for me upon her bike

I snapped my kodak at her;

She took a header as I snapped—

And that is what's the matter.

## SUCCESS IMPOSSIBLE.

(Cincinnati Inquirer.)

Though woman may dress as a man,

And ape him in all ways she can,

Yet of the success

She must make a mess,

Because of her structural plan.

## THE UNTOWARD EFFECT OF SUBSTITUTES.

A. M. Collins, A. M., M. D., of Shelbyville, Ill., writes under date of November 2, 1896: "I never realized the vast difference between genuine antikamnia and the various substitutes that are being palmed off, until within the past few days, and the realization was all the more pronounced because I myself was the patient.

"For four weeks I had been suffering with neuralgia of a very severe type and attended with considerable febrile movement. I tried the various compounds and other preparations, lauded as 'just as good,' but with no real advantage and with no little heart disturbance.

"On Saturday I went to Arcola, and while there was taken very sick with one of my neuralgic attacks. I sent to the drug store for some genuine antikamnia, and to be certain about it, procured an unbroken original package. I took it in eight to ten-grain doses at intervals of two hours. The effect was magical. The first dose relieved the severity of the pain, while the second quieted it entirely, and I went to bed, sleeping all night with one awakening of a few moments only, a thing I had not done in four weeks. This experience on my own person has thoroughly convinced me of the superiority of the genuine antikamnia."

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#### WHILE THE KICKER HAS HIS OWN WAY.

According to scriptural authority the meek have a good chance of seeing heaven, but in this world they are always being stepped on.

—Somerville Journal.

#### SOMEBODY ELSE'S HUSBAND MAY HAVE TO.

"Uncle Theophilus, what is a grass widow?"

"Well, she's a widow whose husband didn't have to die to get rid of her."

—Detroit Free Press.

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#### COULD HE TAKE THE HINT?

"My wheel is beautifully tired."

"Do you have that effect upon inanimate objects, too?"

—Town Topics.

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#### HAD BEEN UP LATE THE NIGHT BEFORE.

Employer—"Good gracious, Mr. Geezes, don't drink the water in that bucket. Don't you know it's only for use in case of fire?"

Clerk—"Yes, that's why I'm drinking it."

—New York Commercial Advertiser.

